

STATE OF IDAHO
DEPARTMENT OF INSURANCE
700 WEST STATE STREET, 3rd FLOOR
PO BOX 83720
BOISE, ID 83720-0043

FOR DEPARTMENT USE ONLY

1025

CONTINUATION FEE STATEMENT

SURPLUS LINE INSURERS

DUE DATE: MARCH 1, 2006

COMPANY NAME	
MAILING ADDRESS	DOMICILE STATE

All foreign and alien surplus line insurers on the Idaho "White List" must pay the Annual Continuation Fee on or before March 1, 2006, pursuant to provisions of Idaho Code § 41-268 (3) and IDAPA 18.01.44.03.a.iii.

Annual Statements are not required to be filed in Idaho.

ANNUAL CONTINUATION FEE **\$ 500.00**

Make your check payable to: **Idaho Department of Insurance.**
Fees must be remitted in U.S. dollars, and drawn on a U.S. bank.
There will be a \$20.00 charge on all returned checks. Idaho Code § 28-22-105.
Your canceled check is your receipt.

ORIGINAL SIGNED FORM MUST BE RETURNED WITH YOUR REMITTANCE.

Contact Person

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Telephone Number Ext.

Signature of Officer

Date

Name (Type or Print)

Title